

PART B - FEE(S) TRANSMITTAL

6-22-08

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JUN 21 2006

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25096 7590 03/24/2006

PERKINS COIE LLP
PATENT-SEA
P.O. BOX 1247
SEATTLE, WA 98111-1247
06/23/2006 HABDELR3 00000038 10771839

01 FC:1501 1400.00 OP
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Carl E. Kruse	(Depositor's name)
<i>Carl E. Kruse</i>	(Signature)
6/21/08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,839	02/04/2004	Xinping He	384938068US	9751

TITLE OF INVENTION: CMOS IMAGE SENSOR USING SHARED TRANSISTORS BETWEEN PIXELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000 \$1700	06/26/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LE, QUE TAN		2878	250-21400R		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Perkins Coie LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OmniVision Technologies, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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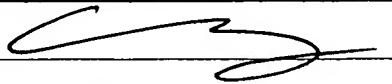
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0665 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date 6/21/08Typed or printed name Chun M. NgRegistration No. 36,878

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